

ATTACHMENT A

		Per Visit
<u>Service</u>	<u>HCPCS Code</u>	<u>Allowance (time)</u>
Case evaluation and initial treatment plan	Z6914	One hour
Monthly case evaluation – extension of treatment plan	Z6916	One hour
Skilled nursing services	Z6900	One hour
Physical therapy services	Z6904	One hour
Occupational therapy services	Z6906	One hour
Speech therapy services	Z6908	One hour
Medical social service	Z6910	One hour
Respiratory care services	Z6918	One hour
Home health aide services	Z6902	Two hours
Early discharge follow-up visit post Inpatient delivery services	Z6920	One hour
Unlisted services (“By-Report”) (medical supplies)	Z6918	